

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/586227

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1				
2		1				
3		1				
4		2				
5		2				
6		0				
7		0				
8		0				
9		0				
10		0				
11		0				
12	1					
13		1				
14		2				
15		2				
16		0				
17	1					
18			1			
19				1		
20				1		
21				1		
22				1		
23				1		
24				1		
25				1		
26				1		
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50						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	16	←		←
TOTAL CLAIMS			20			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						